

NOV 20 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Newton*  
Township *Marion*  
City *Marion*

Registration District No. *615*  
Primary Registration District No. *5817*

File No. *38363*  
Registered No. *16*

2. FULL NAME

*Matilda Greninger*

(a) Residence, No. *Carthage No. R#37* St. *Mo.* Ward.

Length of residence in city or town where death occurred *17* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>John P. Greninger</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 6, 1864</i>		
7. AGE <i>73</i>	YEARS <i>13</i>	MONTHS <i>7</i>
		DAYS <i>6</i>
		IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>
	13. NAME <i>Harmon Dierckx</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jefferson County Mo.</i>
	15. MAIDEN NAME <i>Caroline Rickman</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	17. INFORMANT (ADDRESS) <i>John P. Greninger Carthage Mo. R#37</i>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Griffith Cemetery</i> DATE <i>October 14, 1937</i>
	19. UNDERTAKER (ADDRESS) <i>Orley Thompson Mesado Mo.</i>
20. FILED <i>Oct 13, 1937 Mrs. U.S. Chapman Registrar.</i>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *October 12, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April*, 19*37*, to *Oct-12*, 19*37*  
I last saw him alive on *Oct-11*, 19*37*. Death is said to have occurred on the date stated above, at *5:10A* m.  
The principal cause of death and related causes of importance were as follows:  
*Diabetes*  
Date of onset

Other contributory causes of importance: *None*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *no*  
If so, specify.....  
(Signed) *R. P. Chatham*, M. D.  
(Address) *Diamond Mo.*

